

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/01/2020 11:52
Date Of Accident	25/01/2020 15:10
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7968S
Insured/Policyholder	
Name Of Registered Owner	SIM YEW PENG
NRIC No	SXXXX201B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97735365
Alternative Phone No	OTHERS-97735365

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100508036-02
Cover Note Number	

Driver

Name of Driver	SIM YEW PENG
NRIC No	SXXXX201B
Date Of Birth	23/02/1962
Occupation	INDOOR
Date Of Driving Pass	10/03/1987
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97735365
Fax Number	
Contact Number	OTHERS-97735365
EEmail Address	NOEMAIL

Address	BLK 177 WOODLANDS ST 13 #13-283
Postcode	730177
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : SIM YI VON GENDER: : FEMALE
Passenger 2	NAME: : TAN SOCK HOON GENDER: : MALE
Passenger 3	NAME: : BENSON SIM JIN YANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200127/2085

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN869U
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKC326P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM YI VON (FEMALE) (MALE)
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN SOCK HOON
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJE7968S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name SIM YEW PENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJE7968S
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name BENSON SIM JIN YANG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJE7968S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

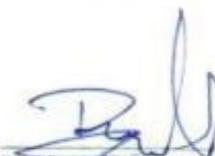
SKETCH PLAN

IMPORTANT NOTICE

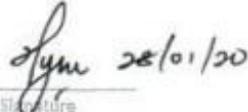
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

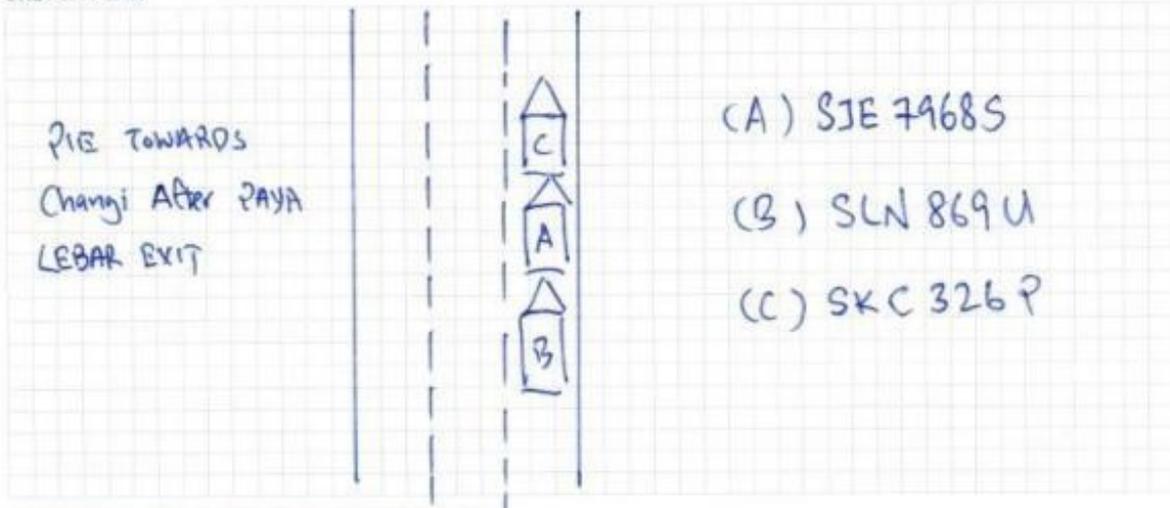

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi on lane 1 of 3 lanes. Weather was clear, traffic was moderate. The vehicle in front of me slowed down and stopped. Noticing that, I also slowed down and come to a halt. After a few seconds, I felt an great impact from the rear. The impact was so huge that it pushed me forward and collided onto the rear of the vehicle in front. I slighted and realised it was a chain collision involving 3 vehicles.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



SINGAPORE
POLICE FORCE



T/20200127/2065

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20200127/2065

CONTINUATION OF REPORT

Passenger			
Name	TAN SOCK HOON	ID No.	S6943068F
Related Vehicle	SJE7968S (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2020	Date Discharge	25/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 25/01/2020 at about 1510hrs, I was driving my car (SJE7968S) along PIE towards Changi Airport together with my family (3 other passengers) and I was driving on the first lane and there was another car (SKC326P) in front of me.

Somewhere near Eunos exit, the car in front suddenly jammed his brakes. I then followed suit and manage to come to a complete stop without colliding into the said car. Suddenly I felt an impact from behind and my car surged forward and hit the car in front of me.

I then went out from my vehicle to make a check and discovered that another car (SLN869U) had hit me from behind. Due to the collision, my car sustained damages to the front and rear bumper, I sustained chest and neck pain while my 3 other passengers had pain on their neck however no ambulance was called in. After exchanging particulars with the other 2 drivers, I sent my car to a workshop and then proceeded to seek medical treatment and my family and I were all given 5 days of MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



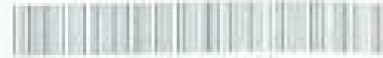
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



100201270085

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738627
Tel No: 1800-363 8999

1 of 4
Report No: 100201270085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2020 21:30	Video Report No.:	Station Diary No: 305
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Informant's Particulars			
Name of Informant: SIM YEW PENG		Address: APT BLK 177 WOODLANDS STREET 13 #13-203 SINGAPORE 730177	
ID Type / ID No.:		Contact No.:	
NRIC NO / S-1585201B		Home/Office: Mobile: 97735385	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 23/02/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RENOVATION CONTRACTOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2020 15:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Changi Airport near Eunus Ext.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE7898S	Car	HONDA	FIT 1.3G A	Red	Slightly Damaged	3
BKC325P	Car				Slightly Damaged	0
SLN889U	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T202001270069

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738822
Tel No: 1800-383-3999

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Report No: T202001270069

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJE7968S	AIG ASIA PACIFIC INSURANCE PTE LTD	2100508036-02	08/05/2019	07/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	SIM YI VON	ID No	S2831419A	
Related Vehicle	SJE7968S (Car)	Contact No	84444692	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	25/01/2020	Date Discharge	25/01/2020	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	SIM YEW PENG	ID No	S1565201B	
Related Vehicle	SJE7968S (Car)	Contact No	97735365	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	25/01/2020	Date Discharge	25/01/2020	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Passenger				
Name	BENSON SIM JIN YANG	ID No	S9326694C	
Related Vehicle	SJE7968S (Car)	Contact No	88771337	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	25/01/2020	Date Discharge	25/01/2020	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Police Report



**SINGAPORE
POLICE FORCE**



T/20200127/2088

Police Station Of Origin:
Woodlands West N.P.C
1 Woodlands Street 12 SINGAPORE 738822
Tel No: 1800-363 8999

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Report No. T/20200127/2088

CONTINUATION OF REPORT

Passenger			
Name	TAN SOCK HOON	ID No.	S6943088F
Related Vehicle	SJE7988S (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2020	Date Discharge	25/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 25/01/2020 at about 1510hrs, I was driving my car (SJE7988S) along PIE towards Changi Airport together with my family (3 other passengers) and I was driving on the first lane and there was another car (SKC326P) in front of me.

Somewhere near Eunos exit, the car in front suddenly jammed his brakes. I then followed suit and manage to come to a complete stop without colliding into the said car. Suddenly I felt an impact from behind and my car surged forward and hit the car in front of me.

I then went out from my vehicle to make a check and discovered that another car (SLN898U) had hit me from behind. Due to the collision, my car sustained damages to the front and rear bumper, I sustained chest and neck pain, while my 3 other passengers had pain on their neck however no ambulance was called in. After exchanging particulars with the other 2 drivers, I sent my car to a workshop and then proceeded to seek medical treatment and my family and I were all given 5 days of MC.

Police Report



SINGAPORE
POLICE FORCE



T002001275005

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738822
Tel No: 1800-363 9999

4 of 4
Report No: T002001275005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference

Signature Of Officer Recording This Report:
L /
Sgt 1 MUHAMMAD HAZIFAH BIN MOHAMMED
HUSSEIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/01/2020 21:30

Officer In Charge Of Case:
TP / ACIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
SP118